

281449

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

M & TW, LLC

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2019 - 50 - I

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Thomas J. Walker

Telephone: 704-243-8922

Address: 1021 Maxwell Mill Rd.

Fax:

Fort Mill, SC 29708

Other:

Email: Thomas.J.Walker@SC.GMAI.L.COM

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input checked="" type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

RECEIVED
JAN 23 2019
PSC SC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

js

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

Date: 1/22/2019

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1.

MCTW, LLC

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

1021 Maxwell Mill Rd Fort Mill, SC 29708

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

704-293-8922

Phone

Fax

Thomas J Walker 15@gmail.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship☒ Partnership - List names and addresses of all person having an interest in the business.☐ Corporation - List names and addresses of two principal officers.Thomas J WalkerMary L. Walker713 Deerbrook Ln713 Deerbrook LnTega Cay, SC 29708Tega Cay, SC 29708

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	300,000	Mortgage/Loan on Real Estate	261,500
Value of Motor Vehicles	46,000	Loans Owed on Motor Vehicles	30,000
Cash on Hand	800	Business/Other Loans Owed	—
Cash in Bank	2,000	Other Liabilities or Debts	—
Value of Other Assets and Equipment	5,000	Total Liabilities	291,500 ✓
Total Assets	353,800 ✓		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

See attached

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

Schmieding, Janice

From: Thomas Walker <thomasjwalker15@gmail.com>
Sent: Wednesday, January 23, 2019 5:34 PM
To: Schmieding, Janice
Subject: Re: EMAIL ADDRESS

Our proposed rates are as follows:

Hourly rate maximum is \$100 per hour

Our point to point rates are:

First 10 miles-\$58.00

Up to 50 miles: \$58 first 10 miles, \$2.45 per mile up to 1999 miles

2000 miles +, \$58 first 10 miles, \$2.45 11-1999 miles, \$2.35 per mile over 1999

Insurance information to follow.

Thank You!!

On Wed, Jan 23, 2019 at 4:54 PM Schmieding, Janice <Janice.Schmieding@psc.sc.gov> wrote:

Here is my email address.

I need you to list the rates on Page 3 and insurance backup info

Janice

Janice Schmieding, Clerk's Office

janice.schmieding@psc.sc.gov

Public Service Commission of South Carolina
Saluda Building, Suite 100

101 Executive Center Drive

Columbia, South Carolina 29210

(803) 896-5240
(Fax) 803-896-5199

DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

☐ 1-7 Passengers, including driver

☒ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
Chevrolet	2014 Suburban	1GNSKJETXER346823	5674

INSURANCE QUOTE

This form MUST BE COMPLETED.

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

MEJW, LLC

Name of Applicant

1021 Maxwell Hill Rd Fort Mill, SC 29708

Address of Applicant

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ 828.00

Limits 250,000/500,000/100,000

The above quoted premium is for a term of 6 months.

Minimum Limits - Intrastate Only:

1-7 Passengers* \$ 25,000/50,000/25,000

8-15 Passengers* \$ 25,000/100,000/25,000

* Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt

Progressive Insurance Co

Name of Insurance Company

P.O. Box 6807 Cleveland, Ohio 44101

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

SPRINGS INSURANCE
PO BOX 308
FORT MILL, SC 29716

PROGRESSIVE
AUTO

MARY WALKER
THOMAS WALKER
713 DEERBROOK LN
FORT MILL, SC 29708

Policy Number: 913821860

Underwritten by:
Progressive Northern Insurance Co
November 27, 2018
Policy Period: Sep 5, 2018 - Mar 5, 2019
Page 1 of 3

1-803-547-2003

SPRINGS INSURANCE
Contact your agent for personalized service.

progressiveagent.com
Online Service

Make payments, check billing activity, update
policy information or check status of a claim.

1-800-274-4499

To report a claim.

Auto Insurance Coverage Summary

This is your Declarations Page

Your policy information has changed

Your coverage began on September 5, 2018 at 12:01 a.m. This policy expires on March 5, 2019 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for a vehicle may not be combined with the limits for the same coverage on another vehicle. The policy contract is form 9611A SC (10/14). The contract is modified by form A048 SC (07/11).

Policy changes effective November 27, 2018

Changes requested on:	Nov 27, 2018 06:42 p.m.
Requested by:	Mary Walker
Premium change:	-\$100.06
Changes:	An Electronic Funds Transfer (EFT) discount has been added to your policy. Your payment option was changed to Electronic Funds Transfer (EFT).

Underwriting Company

Progressive Northern Insurance Co
P.O. Box 6807
Cleveland, OH 44101
1-800-876-5581

Drivers and resident relatives

	Additional information
Mary Walker	Named insured
Thomas Walker	Named insured

Policy Number: 913821860

Mary Walker

Thomas Walker

Page 2 of 3

Outline of coverage**2010 MERCEDES-BENZ E350 4 DOOR SEDAN**VIN: **WDDHF8HB9AA104185**

Garaging ZIP Code: 29708

Primary use of the vehicle: Pleasure

Number of years owned/leased when policy started or vehicle added: 3-4 years

	Limits	Deductible	Premium
Liability To Others			\$298
Bodily Injury Liability	\$250,000 each person/\$500,000 each accident		
Property Damage Liability	\$100,000 each accident		
Uninsured Motorist			55
Bodily Injury	\$250,000 each person/\$500,000 each accident		
Property Damage	\$100,000 each accident	\$200	
Underinsured Motorist			119
Bodily Injury	\$250,000 each person/\$500,000 each accident		
Property Damage	\$100,000 each accident	\$0	
Comprehensive	Actual Cash Value	\$1,000	65
Comprehensive Window Glass		\$0 glass	
Collision	Actual Cash Value	\$1,000	206
		\$0 glass	
Rental Reimbursement	up to \$40 each day/maximum 30 days		23
Loan/Lease Payoff	25% Of The Actual Cash Value		25
Roadside Assistance			5
Total premium for 2010 MERCEDES-BENZ			\$796

2010 MERCEDES-BENZ C300 4 DOOR SEDANVIN: **WDDGF5EBXAR095576**

Garaging ZIP Code: 29708

Primary use of the vehicle: Pleasure

Number of years owned/leased when policy started or vehicle added: 3-4 years

	Limits	Deductible	Premium
Liability To Others			\$372
Bodily Injury Liability	\$250,000 each person/\$500,000 each accident		
Property Damage Liability	\$100,000 each accident		
Uninsured Motorist			68
Bodily Injury	\$250,000 each person/\$500,000 each accident		
Property Damage	\$100,000 each accident	\$200	
Underinsured Motorist			153
Bodily Injury	\$250,000 each person/\$500,000 each accident		
Property Damage	\$100,000 each accident	\$0	
Comprehensive	Actual Cash Value	\$1,000	50
Comprehensive Window Glass		\$0 glass	
Collision	Actual Cash Value	\$1,000	184
		\$0 glass	
Rental Reimbursement	up to \$40 each day/maximum 30 days		23
Loan/Lease Payoff	25% Of The Actual Cash Value		20
Roadside Assistance			5
Total premium for 2010 MERCEDES-BENZ			\$875

Policy Number: 913821860

Mary Walker

Thomas Walker

Page 3 of 3

2014 CHEVROLET SUBURBAN C1500/K1500 4 DOOR WAGON

VIN: 1GNSKJE7XER246823

Garaging ZIP Code: 29708

Primary use of the vehicle: Pleasure

Number of years owned/leased when policy started or vehicle added: < 1 year

	Limits	Deductible	Premium
Liability To Others			\$408
Bodily Injury Liability	\$250,000 each person/\$500,000 each accident		
Property Damage Liability	\$100,000 each accident		
Uninsured Motorist			53
Bodily Injury	\$250,000 each person/\$500,000 each accident		
Property Damage	\$100,000 each accident	\$200	
Underinsured Motorist			120
Bodily Injury	\$250,000 each person/\$500,000 each accident		
Property Damage	\$100,000 each accident	\$0	
Comprehensive	Actual Cash Value	\$1,000	51
Comprehensive Window Glass		\$0 glass	
Collision	Actual Cash Value	\$1,000	141
		\$0 glass	
Rental Reimbursement	up to \$40 each day/maximum 30 days		31
Loan/Lease Payoff	25% Of The Actual Cash Value		19
Roadside Assistance			5
Total premium for 2014 CHEVROLET			\$828
Subtotal policy premium			\$2,499.00
South Carolina Uninsured Motorist Fund charge			3.00
Total 6 month policy premium and fees			\$2,502.00

Premium discounts

Policy	
913821860	Advance Quote, Electronic Funds Transfer (EFT), Home Owner, Multi-Car, Continuous Insurance: Platinum and Paperless

Lienholder information

Vehicle	Lienholder
2010 MERCEDES-BENZ E350 WDDHF8HB9AA104185	ONEMAIN FIN ISAOA KENNESAW, GA 30156
2010 MERCEDES-BENZ C300 WDDGF5EBXAR095576	Founders Federal Credit Union Lancaster, SC 29720
2014 CHEVROLET SUBURBAN C1500/K1500 1GNSKJE7XER246823	FOUNDERS FCU LANCASTER, SC 29720

Exhibit Fit, Willing, and Able (FWA)M E T W, LLC

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No

8 of 8

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

M&TW, LLC, a limited liability company duly organized under the laws of the State of South Carolina on January 14th, 2019, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 14th day
of January, 2019.


Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Filing ID: 190114-1454531

Filing Date: 01/14/2019

Jan 14 2019
REFERENCE ID: 270620

STATE OF SOUTH CAROLINA
SECRETARY OF STATE


SECRETARY OF STATE OF SOUTH CAROLINA

ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name)

M&TW, LLC

Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "LLC", "LLC", "LC", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is
713 Deerbrook Rd

(Street Address)

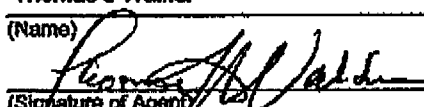
FORT MILL, South Carolina 29708

(City, State, Zip Code)

3. The initial agent for service of process is

Thomas J Walker

(Name)


(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:
713 Deerbrook Ln Fort Mill SC 29708

(Street Address)

FORT MILL

South Carolina 29708

(City)

(Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a)

Thomas Walker

(Name)

713 Deerbrook Rd

(Street Address)

FORT MILL, South Carolina 29708

(City, State, Zip Code)

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Jan 14 2019

REFERENCE ID: 270620

Mark Hammond
SECRETARY OF STATE, SOUTH CAROLINA

M&TW, LLC

Name of Limited Liability Company

(b)

(Name)

(Street Address)

(City, State, Zip Code)

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

(Name)

(Street Address)

(City, State, Zip Code)

(b)

(Name)

(Street Address)

(City, State, Zip Code)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time 01/14/2019.

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Jan 14 2019

REFERENCE ID: 270620


SECRETARY OF STATE OF SOUTH CAROLINA

M&TW, LLC

Name of Limited Liability Company

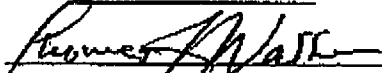
9. Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Thomas J. Walker

Signature of Organizer

Date: 01/14/2019


Signature of Organizer

Date: 1/14/2019

South Carolina Secretary of State Mark Hammond

Business Entities Online

File, Search, and Retrieve Documents Electronically

Customer Receipt

This filing has been approved. See below for details.

Your Document/Certificate Request expires 30 days after the request is approved. If you need access after that time, please resubmit the request or contact the Secretary of State.

Transaction Information

Transaction ID: 270620

Entity Name: M&TW, LLC

TPE ID: 67037414

Receipt Date: 1/14/2019 2:54:57 PM

Payment Type: Card

Charges

Pricing Summary

Item	Price
Articles of Organization	\$110.00
Electronic Records Access	\$15.00
Certificate	\$10.00
Electronic Records Access	\$4.00
Certified Documents for Articles of Organization	\$4.00
Electronic Records Access	\$2.50
Total Cost	\$145.50
Total Amount Paid	\$145.50

Note: Your bank statement may reflect that the charge was made by SC.gov.

Filing Information

Documents Filed

Filing ID	Filing Type
190114-1454531	Articles of Organization

The document downloaded represents a true copy of the filing made on this receipt date.